Name in Full: Elezabeth Ayres

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Near Berlin — (County): Worcester

Date of death: Month: 1904 Sept. — Day: 15 — Age: Years: 77 — Months — Days

Sex: Female — Color or Race: White — Birthplace

Occupation: House Keeper — Where Residing if not at place of death: at place of death

Married, Single or Widowed: Married — Name of Wife or Husband: Henry Ayres

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Imformation: Jno. Burbage — How related to deceased: Mr

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis — How long: Several years

Immediate: Phthisis Pulmonalis — How long: Several years

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jno. W. Pitts.

Address: Berlin, Marylans

Accident or Suicide?

LIBRARY BUREAU A99518

Name In Full — Certificate of Death

Esther Berge

Died at Town: Ocean City — County: Worcester — MARYLAND

Date 1904 — Month: Sept — Day: 29 — Age: Y. 9 M. D. — Native of: Wash D.C. — Occupation: X

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / Widower — ~~Divorced~~ — Number of children living: None

Husband / Wife of: X X X X X X X

Father's Name: Charles Berge — Mother's Maiden Name:

Cause of Death — Primary: 105 — How long sick: 10 days or 2 weeks

Immediate: Enteric Colitis — Accident, Suicide, Homicide

Reported by: J B Baggett M.D.

Address: Ocean City. Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Hattie Elizabeth Bishop

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Welbourn — County: Worcester

Date of death: 1904 — Month: Sept — Day: 23

Age: Years: — Months: — Days: 15

Sex: Female — Color or Race: Col'd. — Birthplace: Welbourn

Occupation: — Where Residing if not at place of death: Same

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Henry T. Bishop — Father's Birthplace: Worcester Co

Mother's Maiden Name: Annie E. Bishop — Mother's Birthplace: " "

Name of person giving information: Father of infant — How related to deceased:

CAUSES OF DEATH

Primary: Prematurely born — How long:

Immediate: Inanition — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas. W. Lawson M.D.

Address: Hearntown, Va

Accident or Suicide?

LIBRARY BUREAU A89319

Name in Full: Sallie M. Bradford

CERTIFICATE OF DEATH

MARYLAND

Died — Town: Snowhill — County: Worcester

Date of death 190-: Month: Sept — Day: 24 — Age: Years: 64 — Months: 10 — Days:

Sex: Female — Color or Race: White — Birthplace: Md

Occupation:

Where Residing if not at place of death:

Married, ~~Single~~ or ~~Widowed~~: Married — Name of Wife or Husband: John Bradford

Father's Name: Lor. Smack — Father's Birthplace:

Mother's Maiden Name: Ellen Smack. — Mother's Birthplace:

Name of person giving information: John Bradford — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long:

Immediate: Consumption — How long: about one year

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr Conaway

Address: Newark Md

Accident or Suicide?

LIBRARY BUREAU A6881G

Name in Full: Enoch P Beatten

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Whelbourne — County: Worcester

Date of death 1904 — Month: Sept — Day: 3d — Age — Years: 48 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Worcester Co

Occupation: Farmer — Where Residing if not at place of death: Near Whelbourne

Married, ~~Single~~ or ~~Widowed~~ — Name of Wife or ~~Husband~~: Elizer

Father's Name: Daniel Mason — Father's Birthplace: Worcester Co

Mother's Maiden Name — Mother's Birthplace: " "

Name of person giving Information: Mary A Beatten — How related to deceased: Sister Only

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long: 4 months

Immediate: Bright Disease — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Ethel Buddell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Berlin — County: Worcester

Date of death: Month: Sept — Day: 11 — 1904

Age: Years: — Months: 1 — Days: —

Sex: female — Color or Race: Blk — Birthplace: Worcester Co

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Levin Buddell — Father's Birthplace: Worcester

Mother's Maiden Name: Mary Miller — Mother's Birthplace:

Name of person giving information: Amy Buddell — How related to deceased: G Mother

CAUSES OF DEATH

Primary: Starvation — How long: one month

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr Eb Holland

Address: Berlin Md

PHYSICIAN OR CORONER

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Not named Dryden

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Pocomoke — County: Worcester

Date of death: Month: 1904 Sept 1- — Day: 3

Age: Years: — Months: 2 — Days: 8 —

Sex: male — Color or Race: Colored — Birthplace: near Pocomoke

Occupation: — — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Grant-Dryden — Father's Birthplace: Worcester Co

Mother's Maiden Name: Lorrina A. Dryden — Mother's Birthplace: Worcester Co

Name of person giving In formation: Grant-Dryden — How related to deceased: Father

CAUSES OF DEATH

Primary: — How long:

Immediate: Diarrhoea 105 — How long: unknown

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D. W. Truitt

Address: Pocomoke City

Accident or Suicide?

LIBRARY BUREAU A88916

Name in Full Engraven

Certificate of Death

Died at Town Ocean City County Worcester MARYLAND

Date 1904 Month Sep Day 5~ | Age Y. 4 M. ~ D. 1~ | Native of Maryland | Occupation ~

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of ~~children living~~

Husband of Albert Engraven
Wife

Father's Name Chas Engraven | Mother's Maiden Name Linda Kheelin

Cause of Death: Primary ~ | How long sick 24 hours

Immediate Cerebro Spinal Fever | ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by J B Baggett M. D.

Address Ocean City Maryland,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Jane Franklin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Berlin — County: Worcester

Date of death: Month: Sept — Day: 17 — Years: 80 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation — Where Residing if not at place of death

~~Married, Single~~ or Widowed — Name of Wife or Husband: Jemyn Franklin

Father's Name: Robert Franklin — Father's Birthplace: md

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: Dr. J. A. Kerr — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consumption. — How long: 2 years

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Thos Holland

Address: Berlin Md.

~~Accident or Suicide~~?

LIBRARY BUREAU A88618

Name in Full: Unnamed Gibbons

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Piscataway City — County: Wicomico

Date of death 1904 — Month: 9 — Day: 10 — Age — Years: — Months: — Days: 5

Sex: Male — Color or Race: White — Birthplace: Piscataway

Occupation: — — Where Residing if not at place of death: —

~~Married~~, Single or ~~Widowed~~ — ~~Name of Wife or Husband~~:

Father's Name: Lloyd Brown — Father's Birthplace:

Mother's Maiden Name: Nettie Gibbons — Mother's Birthplace: Somerset Co.

Name of person giving Imformation: — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: ~~Pneumonia~~ — How long: since birth

Immediate: Cyanosis — How long: since birth

1-50

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H N. Willis

Address: Piscataway City Md.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Archie Jones Child

CERTIFICATE OF DEATH

MARYLAND

Died — near Town: Berlin County: Worcester

Date of death: Month: Sept Day: 12 Year: 1904

Age: ~~Years~~ — ~~Months~~ . Days: 14 days

Sex: Female Color or Race: White Birthplace: Wor. Co.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Archie Jones Father's Birthplace: Wor Co

Mother's Maiden Name: Broadford Mother's Birthplace: Wor. Co

Name of person giving information: How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tetanus How long: 10 days incubating

Immediate: Convulsions How long: 12 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C.O. Dickerson

Address: Berlin. Md.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Joseph, Jr. Jones

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near New Castle | County: Worcester

Date of death 1904: Month: Sept | Day: 24 | Years: Age 28 | Months | Days

Sex: Male | Color or Race: Colored | Birthplace: Md

Occupation: working in Factory | Where Residing if not at place of death: New Castle

Married, Single or Widowed: Married | Name of Wife or Husband: Ellar Blake

Father's Name: unknown | Father's Birthplace: dont no

Mother's Maiden Name: unknown | Mother's Birthplace: dont no

Name of person giving Information: Alfred Johnson | How related to deceased: Brother in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: consumption | How long: 6 months

Immediate: Hemorrhage | How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Dr. Paul Jones

Address: Snow Hill Maryland

Accident or Suicide? Accident

LIBRARY BUREAU A8501G

Name in Full: Loyd L. Krupp

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Berlin — County: Worcester

Date of death: Month: Sept. — Day: 21 — 1904

Age: Years: 1 — Months: 3 — Days:

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Ellis M. Krupp — Father's Birthplace: Md

Mother's Maiden Name: Dora Holloway — Mother's Birthplace: "

Name of person giving Information: Ellis Krupp — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Infantile Diarrhea. — How long: 8 mos

Immediate: Hydrocephaloid — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas Holland D

Address: Berlin

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Patty Anne Landrum

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Roanoke city — County: Worcester

Date of death: Month: Sept — Day: 29 — Year: 1904 — Age: 60 — Months — Days

Sex: Female — Color or Race: colored — Birthplace: Accomac Co Va

Occupation: Domestic — Where Residing if not at place of death: Roanoke city

Married, Single or Widowed: Married — Name of Wife or Husband: Henry Landrum

Father's Name: Dont Know — Father's Birthplace: Accomac Co

Mother's Maiden Name: " " — Mother's Birthplace: " "

Name of person giving Information: Clarence Lowe — How related to deceased: Grand Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cerebral Softening — How long: 6 Months

Immediate: Paralysis & exhaustion — How long: 2 months

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Saml S Lucas

Address: Roanoke City Va

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Harry Jno Donnor

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Snowhill — County:

Date of death 190 4 — Month: Sept. — Day: 5 — Age: Years: 46 — Months: — Days:

Sex: male — Color or Race: White — Birthplace:

Married, Single or Widowed: — Occupation:

Name of Wife or Husband:

Father's Name: Unknown — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: — How long:

Immediate: Tumor by wagon — How long:

Are the name, age, sex, color, date and place correctly given above? /

Signature of: U. T. Evans

Address: Snow Hill

Accident ~~or Suicide~~

PHYSICIAN OR CORONER

8

LIBRARY BUREAU A88319

Name in Full: Laura J Wannue

CERTIFICATE OF DEATH

Died at: Town: Stockton | County: Worcester | State: Maryland

Date of death: Month: 9 | Day: 24 | 1904

Age: Years: — | Months: — | Days: 6

Sex: Colored Female | Color or Race: Dark | Birthplace: Md

Occupation: Infant | Where Residing (if not at place of death): Stockton Md

Married, Single or Widowed: — | Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Wannue | Father's Birthplace: Md

Mother's Maiden Name: Mary J Coltman | Mother's Birthplace: Md

Name of person giving Information: George H Rowley & Bro | How related to deceased: undertakers

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Failure | How long: 3 days

Immediate: Heart Failure

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Elizabeth A Merrill Worcester

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: New Pocomoke — County: Worcester

Date of death: Month: 9 — Day: 12 — Year: 1904 — Age: 70 Years — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: Housework — Where Residing if not at place of death:

Married, Single or Widowed — Name of Wife or Husband: Thos. Merrill

Father's Name: Jno Bunting — Father's Birthplace:

Mother's Maiden Name: Maria Wheatley — Mother's Birthplace:

Name of person giving Information: J. S. Stevenson — How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: Several years

Immediate: Exhaustion following Diarrhoea — How long: Some months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. W. Wilkins

Address: Pocomoke City Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full Isabella Mills — Certificate of Death

Died at Town Ivan, Klj Grangl County Worcester. MARYLAND

Date 1904 Month 9 Day 28 | Age Y. — M. — D. | Native of Md. | Occupation Housewife

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living

Husband Wife of Geo. Mills

Father's Name — Mother's Maiden Name

64

Cause of Death: Primary Cerebral Hemmorrhage — How long sick about 10 days

Immediate Paralysis — Accident, Suicide, Homicide

Reported by Dr. Benjamin D. Mitchell

Address Girdletree, Worcester Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Name in Full: Mary Reddin 4-5-8

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pocomoke City — County: Worcester

Date of death 1905 — Month: Sept — Day: 14 — Age: Years: 60 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Worcester Co

Occupation: Cook — Where Residing if not at place of death: Pocomoke City Md

Married, Single or Widowed: Widow — Name of Wife or Husband: Mary Reddin

Father's Name: Dont Know — Father's Birthplace:

Mother's Maiden Name: Dont Know — Mother's Birthplace:

Name of person giving information: A. W. Fisher — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis — How long: 5 Months

Immediate: Exhaustion — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: None

Address:

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Mary Elizabeth Purnell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Stockton; County: Worcester

Date of death: Month: September; Day: 13th; 1904

Age: Years: 79; Months: ; Days:

Sex: Female

Color or Race: Black or negro

Birthplace: Worcester Co Md

Occupation: Housekeeper

Where Residing if not at place of death: At place of death

Married, Single or Widowed: widow

Name of Wife or Husband: Elisha Purnell

Father's Name: Peter Jenkins

Father's Birthplace: Near Stockton Worcester Co Md

Mother's Maiden Name: Dont Know

Mother's Birthplace: Worcester Co Md

Name of person giving information: Edward J Purnell, Son of Dec

How related to deceased: Son of deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cancer of Breast — How long: Several years

Immediate: Tetanus — How long: 3 or 4 days

43

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. T. Parker

Address: Stockton, Maryland

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Samuel Robbins

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Berlin | County: Worcester

Date of death: 1904 | Month: April-20 | Day: 20 | Age: Years: 65 | Months: | Days:

Sex: Male | Color or Race: Blk | Birthplace: Worcester

Occupation: Laborer | Where Residing if not at place of death:

Married, Single or Widowed: Married | Name of Wife or Husband: Orlia Holland

Father's Name: | Father's Birthplace:

Mother's Maiden Name: | Mother's Birthplace:

Name of person giving Information: J E Elliss | How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Nephritis | How long: 3 weeks

Immediate: | How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. C. Conaway M. D.

Address: Newark Md.

Accident or Suicide?

PHYSICIAN OR CORONER

120

LIBRARY BUREAU A89516

Name in Full: Immanuel. Russ

CERTIFICATE OF DEATH

MARYLAND

Died in: Town: near Pocomoke — County: Worcester

Date of death: 1904 — Month: 9 — Day: 16 — Age: Years — Months — Days: stillborn

Sex: Male — Color or Race: White — Birthplace: Md.

Occupation: none — Where Residing if not at place of death: —

~~Married~~, Single or ~~Widowed~~ — ~~Name of Wife or Husband~~

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Nathaniel Russ — Father's Birthplace: Md

Mother's Maiden Name: Millie Commie — Mother's Birthplace: Md.

Name of person giving Imformation: David Hancock — How related to deceased: Stepfather

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long: —

Immediate: Stillborn — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H M Willis

Address: Pocomoke City

Accident or Suicide?

LIBRARY BUREAU A83815

Name in Full: Jeanie Dennis Smith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pocomoke City; County: Worcester

Date of death: Month: Sept. Day: 4 1904

Age: Years: 21 Months: Days:

Sex: Male

Color or Race: Colored

Birthplace: Near Pocomoke

Occupation: Laborer & Driver

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Isaac Smith

Father's Birthplace: Dont Know

Mother's Maiden Name: Hester Dennis

Mother's Birthplace: Virginia

Name of person giving information: Hester Dennis

How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis - Bone Abscess

How long: About 2 years

Immediate: Exhaustion

How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R. Lee Hall

Address: Pocomoke City, Md

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full: Lillie M. Spencer

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Snowhill — County: Worcester

Date of death 1904 — Month: Sept — Day: 27 — Age — Years: — Months: 9 — Days: —

Sex: Female — Color or Race: colored — Birthplace: Snowhill

Occupation — Where Residing if not at place of death: Snowhill

Married, Single or Widowed: Single — Name of Wife or Husband: David Scoffield

Father's Name: David Scoffield. — Father's Birthplace: Md.

Mother's Maiden Name: Elizie Spencer — Mother's Birthplace: Md

Name of person giving Information: Elizie Spencer — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Typhoid fever — How long: 2 weeks

Immediate — How long: 3 days.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: No. Dr. [illegible] Williams M.D.

Address: Snowhill Maryland

Accident or Suicide? County

LIBRARY BUREAU A66516

Name in Full: Willie Stumpf

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Snowhill — County: Worcester

Date of death: 1904 — Month: Sept. — Day: 3 — Age: Years: 6 — Months: — Days: 6

Sex: Male — Color or Race: Colored — Birthplace: Snowhill

Occupation: None — Where Residing if not at place of death: Snowhill

Married, Single or Widowed: Single — Name of Wife or Husband: Will Stumpf

Father's Name: Will Stumpf — Father's Birthplace: Snowhill

Mother's Maiden Name: Annie Taylor — Mother's Birthplace: Snowhill

Name of person giving In formation: Mary Taylor — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Head Fall — How long: 2 Days

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Dr. Dykotte

Address: Worcester Maryland

Accident or Suicide? County

LIBRARY BUREAU A86816

Name in Full: John Th Thadden

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Queen city — County:

Date of death: Month: Sept — Day: 5 — Year: 1904

Age: Years: — Months: 9 — Days:

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: — Where Residing if not at place of death: —

Married, Single or ~~Widowed~~ — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Thomas M Thadden — Father's Birthplace: Maryland

Mother's Maiden Name: Jane Tasker — Mother's Birthplace: Maryland

Name of person giving In formation: John Th Leech — How related to deceased: none

CAUSES OF DEATH

Primary: — How long:

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Curtis J Evans M D

Address: undertakers

Accident or Suicide?

Over

LIBRARY BUREAU A88816

Der R. P. Collins

Neme In Full

Ce tificate of Death

No name

Died at Town: Near Pocomoke City County: Worcester MARYLAND

Dete 1904 Month: Sept Day: 19 | Age Y. M. D.: still born | Native of: Maryland | Occupation: Fr

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children~~ living

~~Husband~~ ~~Wife~~ of

Fether's Name: Ferdinand Word | Mother's Maiden Name: Belle Pusey

Ceuse of Death — Primary: Still Born S | How long sick:

Immediete | Accident, Suicide, Homicide

Reported by F J Coulson

Address Pocomoke City Md

Must be signed by physician, if eny in ettendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 70338

Name in Full: Jo Shery. ward

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sudlersville County: worcester

Date of death: Month: Sept Day: 28 1904 Years: Age 108 Months: Days:

Sex: Femal Color or Race: colored Birthplace: md

Occupation: Where Residing if not at place of death: Md

Married, Single or Widowed: married Name of Wife or Husband: Maria ward

Father's Name: Jacob ward Father's Birthplace: Md

Mother's Maiden Name: Mary ward. Mother's Birthplace: Md.

Name of person giving Information: Alice ward How related to deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

154

Primary: old age. How long: 7 years

Immediate: Exhaustion How long: 3 month

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: Dr Brennan

Address: Snowhill Md

Accident or Suicide? County

LIBRARY BUREAU A88816

Name in Full: Lillie Wyatt

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pocomoke City — County: Worcester

Date of death: Month: Sept — Day: 5th — Years: 1 — Months: — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Pocomoke City

Occupation: enfant — Where Residing if not at place of death: " "

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Jno W Wyatt — Father's Birthplace: Worcester Co

Mother's Maiden Name: Amanda Wright — Mother's Birthplace: " "

Name of person giving Information: Hellary Gillett — How related to deceased: Guardian

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Typhoid Fever — How long: 3 weeks

Immediate: exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Saml S Lewis

Address: Pocomoke City Md

Accident or Suicide?

PHYSICIAN OR CORONER

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